



Guam Department of Labor  
 Wage and Hour Division  
 414 West Soledad Avenue  
 Suite 802, GCIC Building  
 Hagåtña, GU 96910

# EMPLOYEE'S CONFIDENTIAL COMPLAINT FORM

**DIRECTIONS:** Read and complete the form thoroughly and completely, to the best of your knowledge. All information requested must be completed in the complainant's print handwriting in black or blue ink. Original forms must be submitted to GDOL's Wage and Hour office.

CLAIMANT INFORMATION			
Name: <i>(Print Last Name, First Name, M.I.)</i>		Social Security Number:	DOB: <i>(MM/DD/YYYY)</i>
Home Address: <i>(House/Apartment #, Street Name, Building)</i>		Village:	State:
Mailing Address: <i>(P.O. Box/House/Apartment #, Street Name, Building)</i>		Village:	State:
Contact Number:	Alternate Contact Number:	Email Address:	
Ethnicity: <i>(Check all that apply)</i>			
<input type="checkbox"/> African American	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Phonpeian
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Yapese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Palauan	<input type="checkbox"/> Other:
Citizenship: <i>(For statistical purposes only)</i>			
<input type="checkbox"/> United States	<input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Resident	<input type="checkbox"/> Other:

EMPLOYER INFORMATION		
Business/Company/Organization Name:		Owner/President:
Contact Number(s): <i>(List all possible contact numbers)</i>	Email Address:	
Physical Address: <i>(Location of business)</i>	Village:	State:
Mailing Address: <i>(P.O. Box/House/Apartment #, Street Name, Building)</i>	Village:	State:
Map to Worksite: <i>(For investigative purposes. Attach another sheet if necessary.)</i>		







Guam Department of Labor  
 Wage and Hour Division  
 414 West Soledad Avenue  
 Suite 802, GCIC Building  
 Hagåtña, GU 96910

# ASSIGNMENT OF CLAIM

## KNOW ALL MEN BY THESE PRESENTS:

That, I, \_\_\_\_\_, do hereby assign and transfer  
Print Full Name  
 in trust to **David Dell'Isola, Wage and Hour Commissioner** for the territory of Guam, **and his successors in office**, all of my claim for wages, overtime compensation penalties and liquidated damages now owing to me by virtue of the provisions of Title 22, Guam Code Annotated, and Public Law 21-140, together with legal interest, cost, and attorney's fees.

I do hereby make, constitute, and appoint, said Commissioner, my attorney-in-fact, in his own name as such Commissioner to demand, receive, give receipt for, file and foreclose mechanic's liens, sue in law and in equity, compromise in whole and in part, and collect the same by any lawful means.

I declare under the penalty of perjury under the laws of Guam that I am,

\_\_\_\_\_ and this document bears my signature.  
Print Full Name

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
 Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security Number

Mailing Address: (P.O. Box/House/Apartment #, Street Name, Building)		Village:	State:
Contact Number:	Alternate Contact Number:	Email Address:	
Number of Hours Claimed:	Rate of Pay: \$	Period of Claim: _____/_____/_____ to ____/____/_____ <small>Month Day Year Month Day Year</small>	
Name of Employer/Business:			